

MONTANA INSURANCE CONTINUING EDUCATION COURSE SUBMISSION FORM

Complete a form and attach required materials for each course submitted for review.

Sponsoring Organization _____

Mailing address _____

Phone Number (_____) _____ NAIC Number _____

Course Title _____

Proposed date(s) of offering _____

Designated contact person for this course _____

Method of instruction: (check only one)

☐ classroom (includes seminars)

☐ self-study

☐ correspondence

☐ videotape

☐ audiotape

☐ teleconference

☐ other (includes all computer-based training)

(specify) _____

Course length in hours _____

Attach the following material to each submission:

☐ the course goals and objectives

☐ a syllabus or course outline, including a
summary of each course topic

☐ method of administering examinations
(self study only)

☐ a written explanation of test security measures
(self study only)

☐ method of attendance verification

☐ method of student record maintenance

☐ a list of other states that have approved the
course and the credits granted the course in
those states

☐ a list of instructors

I request that the Montana Continuing Education Program review the attached materials for certification and approval. I certify that the information submitted regarding this course is true and correct. I understand that the Montana Continuing Education Program as part of the course review and certification process may request additional materials. I certify instructor qualifications, per 6.6.4204, ARM, including the practical and academic experience of each faculty member is sufficient to teach the subject assigned; the course enhances the ability of a producer to provide insurance services to the public effectively; and the subject matter relates to professional ethics, where practicable.

Name (please print)

Signature

Title

Date

For Department Use Course #

Date Approved

SUBMISSION REQUIREMENTS

Sponsoring organizations may find additional information and course requirements in the *Montana Insurance Producer and Consultant Continuing Education Act*, 33-17-1201 through 1207, MCA, the administrative rules for *Fee Schedules and the Continuing Education Program for Insurance Producers and Consultants* and in the *Procedures for Sponsoring Organizations*.

Course Submissions

Requests for approval of courses **must be received** no less than 15 days prior to the starting date of the course.

Fees

There is a course submission fee of \$75.00 for each course. Insurance companies licensed to do business in Montana and associations composed of members of the insurance industry are exempt from this fee. Third parties submitting courses on behalf of an insurance company must pay the fee. Submission must be preceded or accompanied by any required fee for initial course review to be conducted by the Continuing Education Program. A maximum fee of \$1,500 for courses submitted by a sponsoring organization will be charged in a biennium.

Send the course submission to:

Montana Insurance Continuing Education Program
State Auditor's Office
840 Helena Avenue
Helena, Montana 59601

Student Protection Policies

All student fees and fee refund policies must be disclosed to students before enrollment. If a course is canceled for any reason, all charges are refundable in full within 45 days, unless the refund policy is clearly defined in the enrollment application.

Each student who successfully completes a course must receive proof of course completion, including the Montana-assigned course approval number, from the sponsoring organization.

Annual Reports

Montana law requires sponsoring organizations (course providers) to file annually an alphabetic list of all persons who have successfully completed an approved continuing education course. This list must be received by the Montana Continuing Education Program by January 15 of the calendar year following the course offering.

Our web site address is www.sao.mt.gov